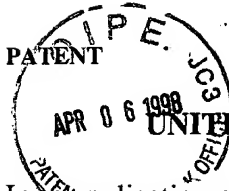


62 Rec'd PAT/PTO 06 APR 1998

ATTORNEY DOCKET NO. RILE.001.00US



UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

#3

In re application of: GEUZE *et al.*

) Examiner: Not yet assigned

Serial No.: 09/011,167

) Art Unit: Not yet assigned

Filing Date: February 2, 1998

) **TRANSMITTAL**

For: **CELL DERIVED ANTIGEN
PRESENTING VESICLES**

Assistant Commissioner For Patents
Washington, D.C. 20231

Sir:

Transmitted herewith are the following documents in the above-identified application.

- ☐ Small entity status of this Application under 37 CFR 1.9 and 1.27 has been/established by a Verified Declaration previously submitted.
- ☐ Request for Refund Under 37 C.F.R. 1.28(a).
- ☐ A Verified Declaration of Small Entity Status Under 37 CFR 1.9 and 1.27.
- ☒ Combined Inventor Declaration and Power of Attorney (2)
- ☒ Verified Statement Claiming Small Entity Status (1) - Non Profit Organization.
- ☐ Preliminary Amendment.

Also enclosed:

- ☐ Petition for Extension of Time.
- ☐ Request for Filing Receipt.
- ☐ Information Disclosure Statement.

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01 FC:254 65.00 CH

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on:

4-3-98

Signature: Marian Foster

Printed Name: MARIA W FOSTER

☐ Declarations Under 37 CFR Section 1.132.

☒ Return postcard (postage prepaid).

The fees have been calculated as shown below:

<u>Claims</u>	<u>Remain after Amend</u>	<u>Highest No. Prev. Paid</u>	<u>Pres. Extra</u>	<u>Small Entity</u>		<u>Large Entity</u>	
				<u>Rate</u>	<u>Fee</u>	<u>Rate</u>	<u>Fee</u>
Total:				x \$11 =	\$	x \$22 =	\$0
Indep:				x \$41 =	\$	x \$82 =	\$0

If Multiple dependent Claims

are used for the first time in this application, add \$135 (small entity) \$270 (large entity)

Total Additional Claims Fee: **\$.00**

<u>Extension of Time Fee</u>		<u>Small Entity</u>	<u>Large Entity</u>
<input type="checkbox"/>	One Month	\$ 55	\$ 110
<input type="checkbox"/>	Two Months	\$200	\$ 400
<input type="checkbox"/>	Three Months	\$475	\$ 950
<input type="checkbox"/>	Four Months	\$755	\$1510

Extension of Time Fee **\$.00**

Other fees (list individually):

Surcharge: **\$65.00**

Total Other Fees: **\$65.00**

TOTAL FEES: \$65.00

☒ Please charge Deposit Account No. 18-0020 in the amount of \$65.00.

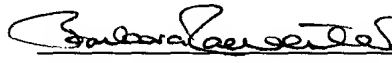
☐ A check in the amount of \$_____ is attached.

☐ No fee is required.

- [X] Conditional Petition for Extension of Time: An extension of time is requested in the present and/or the above-referenced parent application to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered.
- [X] The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 18-0020.
- [X] Any filing fees under 37 CFR 1.16 including fees for the presentation of extra claims.
- [X] Any parent application processing fees under 37 CFR 1.17.
- [X] A **duplicate** copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Dated: April 2, 1998


Barbara Rae-Venter, Ph.D.
Reg. No. 32,750

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P. O. Box 60039
Palo Alto, CA 94306-0039
Telephone: (650) 328-4400
Facsimile: (650) 328-4477

BRV/VTK:mef
Encls.

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